

# DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Distribution X, Z and C-3

## POLICY GUIDE 99.07

### TREATMENT REFERRALS FOR VICTIMS OF SEXUAL ABUSE

**RELEASE DATE:** June 30, 1999

**TO:** Rules and Procedures Bookholders and Direct Service Staff

**FROM:** Jess McDonald, Director

**EFFECTIVE:** July 15, 1999

#### I. PURPOSE

More than 8,000 children in Illinois were identified victims of sexual abuse in 1998 and thousands more have been brought to the attention of the Department of Children and Family Services in previous years. Sexually abused children who do not receive prompt clinical intervention for their victimization are at risk of developing serious and persistent emotional disorders, including reactive behaviors which may pose a risk of sexual harm to others.

Child protection workers, case managers and supervisors routinely refer child victims of sexual abuse for medical and counseling services to protect the physical and emotional health of these children. The purpose of this policy guide is to encourage more focused therapeutic interventions for these children, while supporting the ongoing efforts of workers in the public and private sector of child welfare. In support of this goal, the Department requires that child victims of sexual abuse be referred to qualified treatment providers who have clinical experience in the field of child sexual abuse.

#### II. PRIMARY USERS

The primary users of this policy guide are Department caseworkers, supervisors, Field Services Managers, Administrative Case Review (ACR) staff, Agency Performance Teams (APT), and purchase of service agency (POS) caseworkers and supervisors.



### III. KEY WORDS

Child victims of sexual abuse, focused therapeutic intervention, qualified treatment providers, Treatment Referral Form, Clinical Services Manager, best practice

### IV. IDENTIFICATION OF CHILD VICTIMS OF SEXUAL ABUSE

Child victims of sexual abuse (Allegations 18, 19, 20 and 21) will be brought to the attention of caseworkers and supervisors by the Division of Child Protection in compliance with Procedures 300, Section 300.150 (Referral for Services). Child victims of sexual abuse shall be screened for referral for specialized treatment services in accordance with this policy guide.

### V. TREATMENT SERVICE REFERRAL STANDARDS

1. Child victims of sexual abuse shall be referred to qualified and experienced providers to receive treatment for their victimization when:
  - a. the child was a victim of sexual abuse on or after the effective date of this policy guide; and
  - b. the child has been determined to have a sexually transmitted disease (Allegation 18); or
  - c. the child has been determined to have been sexually penetrated (Allegation 19); or
  - d. the child has been determined to have been sexually exploited (Allegation 20); or
  - e. the child has been determined to have been sexually molested (allegation 21); and
  - f. the child/family has an open case with the Department (Intact Family or Placement); or
  - g. the child/family has been referred for case opening; or
  - h. the child/family is being served directly by the Department or through a purchase of service agency.
2. Department and POS caseworkers are **not** required to refer child victims of sexual abuse for treatment services when any of the following conditions exist:

- a. The child and/or family are already receiving appropriate therapeutic services from a qualified clinician, including residential treatment, and the clinician has been informed of the child's victimization. This includes children and/or families who have completed treatment with a therapist who was aware of the child's sexual abuse.
- b. There are no child safety or protection issues and a Child and Youth Centered Information System (CYCIS) case is not being opened. In cases that are not referred for opening, including reports which are unfounded, the assessing worker in downstate regions or the Division of Child Protection (DCP) worker in Cook County shall provide the parents with resource information for treatment and intervention, including child advocacy centers, assault and abuse services, or family counseling centers.
- c. Parents of an intact family case decline the treatment referral for their child who is not a ward of the Department and under the age of 13. Children ages 13 and older can consent to the treatment referral. When treatment services are declined, the caseworker shall monitor the child's safety in accordance with the Child Endangerment Risk Assessment Protocol. When appropriate, the caseworker should continue to encourage the family to accept a referral for treatment.

## VI. SERVICE REFERRAL PROCEDURE

1. Department and POS caseworkers and their supervisors are responsible for referring child victims of sexual abuse for specialized therapeutic services within **ten** working days after receipt of the CFS 1440.
2. All treatment referrals are to be made by the caseworker using the **CFS 603, Sexual Abuse Treatment Referral** form (Attachment I).
3. Child victims of sexual abuse **must be referred to qualified treatment providers with clinical experience in the field of child sexual abuse.** The attached list of treatment providers (Attachment II) is not definitive. Caseworker questions concerning the use of providers in their area not identified in Attachment II should be directed to his/her immediate supervisor or the regional Clinical Services Manager.
4. The supervisor's signature approval is required on the CFS 603 before the caseworker establishes the first appointment for the client with the qualified provider identified in Section I of the form.

5. Within ten working days of receipt of the CFS 1440, Department and POS caseworkers shall forward a copy of the completed CFS 603 to the following persons:

- Treatment Provider
- Clinical Services Coordinator
- Susan Netznik  
DCFS – Division of Clinical Services  
406 East Monroe Street, Station #222  
Springfield, IL 62701  
Phone: 217/524-3697  
FAX: 217/524-3241

## **VII. DEFLECTED TREATMENT REFERRALS**

1. Caseworkers shall complete Section II of the CFS 603 when the caseworker determines that a referral for treatment services is not required or appropriate (e.g., child is under the age of four, child has functional impairments which preclude participation in treatment).
2. The caseworker shall obtain the approval and signature from his/her regional Clinical Services Manager as well as his/her immediate supervisor on the CFS 603.
3. The caseworker shall forward the completed CFS 603 to Susan Netznik within **ten** working days of receipt of the CFS 1440.

**NOTE: Children cannot be deflected from treatment without the approval of the caseworker's immediate supervisor and the regional Clinical Services Manager.**

## **VIII. CASE MONITORING AND OVERSIGHT**

Department and POS supervisors are responsible for assuring that child victims of sexual abuse are referred for and receive treatment in accordance with this policy guide, as well as performing case oversight and monitoring functions. Supervisory approval is required for any planned change of providers, changes in services or termination. The reason(s) for any change in the child's treatment plan must be clinically sound and clearly documented in the child's case record.

The Clinical Services Manager or his/her designee will provide case consultation at the request of the Department or POS supervisor, or when there are concerns/questions about services or treatment goal progress. Clinical Services Managers may review case records and/or request a telephone conference or staffing on behalf of any child receiving treatment services for sexual abuse.

## **IX. STANDARDS OF SERVICE**

The Department of Children and Family Services is committed to providing therapeutic services that represent best practice to child victims of sexual abuse. Services must meet the following criteria in order to achieve this goal:

- Therapeutic treatment determinations must be individualized to the child's age and gender.
- Treatment plans must emphasize the child's strengths rather than weaknesses.
- Therapeutic treatment services must be focused and time-limited.

Children who have been sexually or physically abused over extended periods of time, or who have suffered physical trauma from abuse, or have been traumatized by domestic violence typically require longer-term treatment. Services for these children shall continue until established treatment goals have been achieved.

Standards of intervention for child victims of sexual abuse will be developed by the Department with input from the provider community to ensure that these children receive clinically sound services. These standards will be used to establish a clinical protocol for treatment as well as certification requirements for providers. Department and POS staff will receive training on the requirements in the standards for treatment and intervention with sexually abused children.

Questions regarding referrals or services for child victims of sexual abuse should be directed to Susan Netznik, 217/524-3697.

## **X. CASE TRACKING**

The CFS 603, Sexual Abuse Treatment Referral form, will be used by the Division of Clinical Services to develop a monthly tracking report which will list all children identified as victims of sexual abuse, agencies providing treatment services, and referral and initiation of treatment dates. Dispositional information for children deflected from treatment and the reason(s) for the deflection shall also be included in the monthly tracking report. Monthly tracking reports will be sent to Regional Administrators, Clinical Services Managers, DCP managers and supervisors and Agency Performance monitors.

## **XI. ATTACHMENTS**

The following items are attached to this policy guide:

- Attachment I, CFS 603, Sexual Abuse Treatment Referral form
- Attachment II, Treatment Providers

## **XII. FILING INSTRUCTIONS**

This policy guide is to be filed with Procedures 302, Subpart C, Section 302.320 (Counseling or Casework Services).

**Attachment I**  
**State of Illinois**  
**Department of Children and Family Services**  
**SEXUAL ABUSE TREATMENT REFERRAL**

Date: \_\_\_\_\_ SCR/UIR #: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

I.D. #: \_\_\_\_\_ Region: \_\_\_\_\_ Team #: \_\_\_\_\_ POS Agency: \_\_\_\_\_

**Section I Child Referred For Treatment Services**

The above referenced child was referred for treatment of sexual abuse on \_\_\_\_/\_\_\_\_/\_\_\_\_.  
Date of first appointment \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of treatment provider:
Address:
Phone:

Supervisor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Caseworker's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Section II Child Not Referred For Treatment Services**

A supervisory review of the available information and reports concluded that a referral for treatment of sexual abuse for the above referenced child is unnecessary or inappropriate for the following reason(s)


Caseworker's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Clinical Services Manager's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**This form is to be submitted to Susan Netznik, Department of Children and Family Services, 406 East Monroe Street, Station #222, Springfield, IL 62701**

**Distribution by caseworker:**  
**Treatment Provider**  
**Clinical Services Coordinator**  
**Susan Netznik**

**Attachment II**

**TREATMENT PROVIDERS FOR VICTIMS OF SEXUAL ABUSE**

**SOUTHERN REGION**

<p><b>Advance Behavioral Health Services (St. Mary's Hospital)</b>          1921 Broadway          Mt. Vernon, IL 62864          618/242-9226          Fax: 618/242-9230</p>	<p><b>Family Life Consultants</b>          2014 Vandalia Avenue          Collinsville, IL 62234          618/345-9536          Fax: 618/349-9536</p>
<p><b>Alternative Counseling, Inc.</b>          #1 Mark Twain Plaza, Suite 325          Edwardsville, IL 62025          618/656-5104          Fax: 618/656-5196</p>	<p>3 Meadow Heights Professional Bldg.          Collinsville, IL 62234          618/345-9536          Fax: 618/345-9536</p>
<p><b>Call for Help</b>          7623 (R) West Main          Belleville, IL 62223          618/397-0996          Fax: 618/397-6836</p>	<p><b>Franklin Williamson Human Services</b>          1307 West Main Street          Marion, IL 62959          618/997-5336          Fax: 618/937-1440</p>
<p><b>Children's Center for Behavioral Development</b>          353 North 88<sup>th</sup> Street          Centreville, IL 62203          618/398-1152          Fax: 618/398-6977</p>	<p><b>Gary Lemmon &amp; Associates</b>          904 East Main          Norris City, IL 62869          618/378-3010          Fax: 618/378-2308</p>
<p><b>Community Resource Center</b>          1325 C. West Whittaker Street          Salem, IL 62881          618/548-2181          Fax: 618/548-1035</p>	<p><b>Heartland Human Services</b>          1200 North Fourth Street          P.O. Box 1047          Effingham, IL 62401          217/347-7179          Fax: 217/342-6716</p>
<p><b>Egyptian Health Department</b>          1412 U.S. 45 N.          Eldorado, IL 62930          618/273-3326          Fax: 618/273-2808</p>	<p><b>Jefferson County Comprehensive Services</b>          Route 37 North          P.O. Box 248          Mt. Vernon, IL 62864          618/242-1511          Fax: 618/242-6392</p>

## Southern Region

<p><b>Life Paths</b>            901 Medical Park Drive, Suite 301            Effingham, IL 62401            217/347-5252            Fax: 217/347-5757</p>	<p><b>Matthew &amp; Associates</b>            P.O. Box 546            Herrin, IL 62948            618/988-1757            Fax: 618/988-1700</p>
<p><b>Lutheran Socail Services of IL</b>            1616 West Main, Suite 402            Marion, IL 62959            618/997-9196            Fax: 618/997-6843</p>	<p><b>Red Hill Counseling Center</b>            212 East South Avenue            Sumner, IL 62466            618/936-2151            Fax: 618/936-2151</p>
<p><b>Massac County Mental Health</b>            206 West Fifth            Metropolis, IL 62960            618/524-9368            Fax: 618/524-9551</p>	<p><b>Woodham, Sheryl, L., LCSW</b>            First United Methodist Church            335 South Fiar Street            Olney, IL 62450            618/392-2250            Fax: 618/392-2250            (Call before sending Fax)</p>

## NORTHERN REGION

<p><b>Advocate Health &amp; Hospitals Corp.</b>            391 Quadrangle Drive, Suite N4            Bolingbrook, IL 60440            630/679-0127            Fax: 630/679-0323</p>	<p><b>Evangelical Health Services (See Advocate Health &amp; Hospital Corp.)</b></p>
<p><b>Central Baptist Family Services</b>            P.O. Box 218            Lake Villa, IL 60046            847/356-2391            Fax: 847/356-2436</p>	<p><b>Family Advocate</b>            716 North Church Street            Rockford, IL 61103            815/965-5172            Fax: 815/965-5174</p>
<p>77 Riverside Drive            Elgin, IL 60126            847/741-7140            Fax: 847/741-2089</p>	<p><b>Family Counseling Service of Aurora</b>            70 South River Street, Suite 3            Aurora, IL 60506-5178            630/844-9090            Fax: 630/844-9030</p>
<p><b>Community Counseling Associates</b>            4500 West 147<sup>th</sup> Street            Midlothian, IL 60445            708/597-0032            Fax: 708/597-0649</p>	<p><b>Interactional Counseling</b>            496 Forest, Suite 4            Glen Ellyn, IL 60137            630/545-2857            Fax: N/A</p>

### Northern Region

<p><b>Kankakee County KC CASA</b>            401 North Wall Street, Suite LL07            Kankakee, IL 60901            815/936-7372            Fax: 815/936-9829</p>	<p><b>Northwest Treatment Associates</b>            273 East Chicago Street            Elgin, IL 60120            847/608-8570            Fax: 847/608-8572</p>
<p><b>Latino Youth Services</b>            529 West Elk Grove            Elk Grove Village, IL 60007            847/593-7077            Fax: 847/593-7056</p>	<p><b>Simonelic, Becky</b>            972 North Main Street            Rockford, IL 61103            815/963-5095            Fax: N/A</p>
<p><b>Lederman, Chuck, Ph.D</b>            10 West Jefferson            Naperville, IL 60540            630/416-3146            fax: N/A</p>	<p><b>Slocum, Susan</b>            201 South Winnebago Road            Winnebago, IL 61088-9030            815/335-2683            Fax: N/A</p>
<p><b>Markarian, Dr. Larissa</b>            10 West Martin Street            Naperville, IL 60540            630/961-00410            Fax: N/A</p>	<p><b>Thorud, Robert, Ph.D</b>            2610 East Cass            Joliet, IL 60432            815/722-1855            Fax: N/A</p>
<p><b>McHenry County Youth Service Bureau</b>            101 South Jefferson Street            Woodstock, IL 60098            815/338-7360            Fax: 815/337-5510</p>	<p><b>White, Paul</b>            3703 North Main Street            Rockford, IL 61103            815/964-9590            Fax: 815/877-9382</p>

### CENTRAL REGION

<p><b>ABC Counseling</b>            115 West Jefferson, Suite 103C            Bloomington, IL 61701            309/828-3367            Fax: 309/827-4539</p>	<p><b>Brower, Penny</b>            4617 North Prospect, Suite 11-A            Peoria Heights, IL 61614            309/681-1860            Fax: 309/971-1871</p>
<p><b>Bromenn Health Care</b>            406 West Virginia            Normal, IL 61761            309/451-2910            Fax: 309/451-2913</p>	<p><b>Catholic Social Services</b>            P.O. Box 817            Peoria, IL 61652            309/671-5720            Fax: 309/671-0257</p>

## Central Region

<p><b>Center for Children’s Services</b>  <b>702 North Logan</b>          Danville, IL 61832          217/446-1300          Fax: 217/446-1325</p>	<p><b>Community Resource &amp; Counseling Center</b>          Route 45 North &amp; Pine Street          Paxton, IL 60957          217/379-4302          Fax: 217/379-4304</p>
<p><b>Center Pointe</b>          1801 Fox Drive, P.O. Box 1640          Champaign, IL 61824-1640          217/398-8080          Fax: 217/398-0172</p>	<p><b>DeWitt County Human Resource Center</b>          1150 route 54 West, P.O. Box 616          Clinton, IL 61727          217/935-9496          Fax: 217/935-4508</p>
<p><b>Central Baptists</b>          1674 West Polk Avenue          Charleston, IL 61920          217/345-6554          Fax: 217/345-4611</p>	<p><b>Douglas County Mental Health Counseling</b>          114 West Houghton          Tuscola, IL 61953          217/253-4731          Fax: 217/253-4733</p>
<p><b>Chestnut Health Systems</b>          702 West Chestnut          Bloomington, IL 61701          309/827-6026          Fax: 309/829-0016</p>	<p><b>Family Services of Champaign County</b>          405 South State Street          Champaign, IL 61820          217/352-0099          Fax: 217/352-9512</p>
<p><b>Child Abuse Council (SATP)</b>          525 16<sup>th</sup> Street          Moline, IL 61265          309/764-7017          Fax: 309/757-8554</p>	<p><b>Goodale, Susan</b>          410 Fayette Street, Suite 201          Peoria, IL 61602          309/671-3822  <b>Fax: 309/694-7920</b></p>
<p><b>Clinical Systems</b>          3151 Butler Avenue          Springfield, IL 62703          217/529-2142          Fax: 217/529-2174</p>	<p><b>Greenslate, Pam</b>          7211 North Knoxville Avenue          Peoria, IL 61614          309/691-5515          Fax: N/A</p>
<p><b>Coles County MHC</b>          1300 Charleston Avenue          Mattoon, IL 61938          217/234-6405          Fax: 217/258-6136</p>	

## Central Region

<p><b>Gremmels, Pamela</b>          Old Levee all, P.O. Box 152          Monticello, IL 61856          217/369-0335          Fax: 217/359-9862</p>	<p><b>Mental Health Centers of Central Illinois</b>          710 North Eighth Street          Springfield, IL 62702          217/525-1064          Fax: 217/525-9047</p>
<p><b>Hill, Ron</b>          410 Fayette Street, Suite 201          Peoria, IL 61602          309/671-3826          Fax: 309/671-3825</p>	<p><b>Mental Health Centers of Champaign County</b>          1801 Fox Drive, P.O. Box 1640          Champaign, IL 61824-1640          217/398-8080          Fax: 217/398-0172</p>
<p><b>Institute for Human Resources</b>          310 East Torrance Avenue          Pontiac, IL 61764          815/844-6109          Fax: 815/844-3561</p>	<p><b>Phelps, Alane</b>          P.O. Box 181          Monticello, IL 61856          217/762-4507          Fax: N/A</p>
<p><b>Iroquois Mental Health Center</b>          908 East Cherry Street, P.O. Box 322          Watseka, IL 60970          815/432-5241          Fax: 815/432-4537</p>	<p><b>Piatt County Mental Health Center</b>          Route 105 North          Monticello, IL 61856          217/762-5371          Fax: 217/762-4066</p>
<p><b>Lutheran Social Services of IL</b>          610 Abington Street          Peoria, IL 61603          309/671-0300          Fax: 309/671/0503</p>	<p><b>Rape Information &amp; Counseling</b>          110 West Laurel          Springfield, IL 62704          217/744-2560          Fax: 217/744-2562</p>
<p><b>Maddox, Keith</b>          718 North Kankakee          Lincoln, IL 62656          217/732-3205          Fax: N/A</p>	<p><b>Shelby County Mental Health Center</b>          1810 West South Third          Shelbyville, IL 62565          217/774-2114          Fax: 217/774-2256</p>
<p><b>McClellan County Center for Human Services</b>          108 West Market Street          Bloomington, IL 61701          309/827-5351          Fax: 309/829-6808</p>	<p><b>U of Illinois</b>          C/O Linda Simkins          530 NE Glen Oak          Peoria, IL 61637          309/655-3640          Fax: 309/655-2565</p>

**COOK REGIONS**

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